# Symptomatology Card Instructions and Sample

The left half of the symptomatology tag is to be given to the actors before exercise play. The right half of the symptomatology tag can be used for a variety purposes, including:

* Collecting assessment data from actors;
* Soliciting general feedback from actors;
* Providing administrative information (e.g., important phone numbers); and
* Providing safety information.

## EXERCISE ACTOR SYMPTOMATOLOGY TAG

**Date of Exercise:** [MM/DD/YYYY] **Casualty #: \_\_\_\_\_\_\_\_**

## VISIBLE SYMPTOMS:

## [Symptoms]

## PHYSICAL FINDINGS:

## [Physical findings, e.g. respiration, pulse, blood pressure]

## OTHER PATIENT INFORMATION:

## [Other patient information as needed]

**Sample Actor Exercise Assessment Form**

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
2. How long did it take response personnel to contact you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How long did it take response personnel to begin decontaminating (if applicable)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Were you examined on the scene more than once? □ Yes □ No
5. Identify the personnel who assessed your medical condition (list all)? □ Fire □ EMS □ Police □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. If you received a colored triage tag, what was the first colored tag given to you? □ Green □ Yellow □ Red □ Black □ Never received a tag
7. What actions did response personnel take as a result of their assessment of your condition?

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Treatment:
2. If conscious, did someone explain your treatment? □ Yes □ No
3. If conscious, were you given clear instructions? □ Yes □ No
4. What treatment was given?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did you observe any outstanding actions among the response personnel you observed?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?   
   □ Less than 5 minutes □ 5 minutes □ 10 minutes □ 15 minutes □ Over 15 minutes □ I was never examined at the hospital

### Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## DO NOT LOSE THIS CARD! DO NOT LET ANYONE TAKE THIS CARD FROM YOU!

A ride has been scheduled to return you to the exercise site. If you are not picked up, please call: [Insert number].

Thank you for your participation!